

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: **CONNECTICUT**

A. The following charges are imposed on the categorically needy for services other than those provided under section 1905(a)(1) through (5) and (7) of the Act:

Type of Charge							
Service	Deduct.	Coins.	Copay	Amount and Basis for Determination			
Pharmacy Prescription Drugs, Over- The-Counter Drugs, and Refills			X	A copayment of \$1.00 is imposed for pharmacy prescriptions. The nominal copayment is charged on each initial and refilled prescription and over-the-counter drug. The nominal copayment is based on the agency's average amount allowed of \$31.95 per prescription and over-the-counter drug filled. The details of the calculation of the average is attach			

TN No. <u>97-007</u> Supersedes

TN No. <u>96-001</u>

Approval date: $i\frac{2}{9}$

Effective Date: 11/15/97

HCFA ID:

0053C/0061E

Revision: HCFA-PH-85-14 (BERC)

SEPTEMBER 1985

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OKB NO.: 0938-0193

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B.	The method used	to collect	cost sharing	charges fo	r categorically	needy
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- individuels:
 - Providers are responsible for collecting the cost sharing charges from individuals.
 - The agency reimburses providers the full Medicaid rate for a services and collects the cost sharing charges from individuals.
- C. The basis for determining whether an individual is unable to pay the charge, and the means by which such an individual is identified to providers, is described below:

The State permits the providers to accept recipient declaration that he or she is unable to pay.

TW No. 96-001 Supersedes TW No. 85-59

Approval Date 9/13/96

Effective Date 4-1-96

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State:	CONNECTICUT

D. The procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b) are described below:

The exclusion shall be implemented under State statute provisions and promulgated under the State's Administrative Procedures Act as a part of the Medical Assistance Program.

The provider shall insert a Location Code in a designated field on the Pharmacy Claim Form for all recipients who are excluded from the copayment requirement. By inserting the appropriate exclusion code on the claim form, no copayment will be deducted from the maximum amount allowed for the prescription or over-the-counter drug. Determination that the providers correctly meet the exclusion requirements will be accomplished through the post payment review process in accordance with 42 CFR 456.23.

E. Cumulative maximums on charges:

•	/ <u>x</u> /	State	policy	does	not	provide	for	cumulative	maximums.
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/_/ Cumulative maximums have been established as described below:

TN No. 96-001 Supercedes

Approval Date 9/13/96

Effective Date 4-1-96

TN No. 85-59

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